



Bib Data Sheet


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| <b>SERIAL NUMBER</b><br>09/536,686   | <b>FILING DATE</b><br>03/28/2000<br><b>RULE</b> -   | <b>CLASS</b><br>345              | <b>GROUP ART UNIT</b><br>2772   | <b>ATTORNEY DOCKET NO.</b><br>48864-026 |
| <b>APPLICANTS</b><br>Yoshiko Sakagawa, Ibaraki-Shi, JAPAN;<br>Eiro Fujii, Takatsuki-Shi, JAPAN;<br>Koichi Shiono, Osaka-Shi, JAPAN;<br>Yuichi Kawakami, Itami-Shi, JAPAN;  |   |                                  |   |   |
| <b>** CONTINUING DATA *****</b><br>None <i>MC</i>  |   |                                  |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 11-087552 03/30/1999<br>JAPAN 11-087553 03/30/1999 <i>Yes MC</i>   |   |                                  |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/30/2000</b> -   |   |                                  |   |   |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <i>Examiner's Signature</i> <i>Initials</i> <i>MC</i> |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>13   | <b>TOTAL CLAIMS</b><br>16               |
|  |   |                                  |   | <b>INDEPENDENT CLAIMS</b><br>5          |
| <b>ADDRESS</b><br>McDermott Will & Emery<br>600 13th Street N W<br>Washington ,DC 20005-3096   |   |                                  |   |   |
| <b>TITLE</b><br>Three-dimensional data input method and apparatus  |   |                                  |   |   |
| <b>FILING FEE RECEIVED</b><br>976  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |